

PURCHASE ORDER

6118

DATE OF PURCHASE: 7-17-10

DELIVERY DATE: _____

**LOS ANGELES MEMORIAL COLISEUM
AND SPORTS ARENA****3939 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90037**

PURCHASE FOR

COLISEUM: _____

SPORTS ARENA: _____

CAPITAL: _____

PARK MAINT.: _____

EVENT EXPENSE: _____

*We reserve the right to cancel orders
not shipped on time or not in accordance
with the specifications and purchased order.*

X - Games07/29 & 31/10**VENDOR INFORMATION:**NAME: H H TECH

ADDRESS: _____

PHONE: _____

CONTACT PERSON: _____

PICKED UP BY: _____

DESCRIPTION OF ITEM ORDERED**QTY.
ORDERED****UNIT
PRICE****COST****ACCOUNT
NUMBER**1. INV 071720101,6002. terminal + install fiber optic3. for x-games network4. Billed on Settlement

5.

6. INV ~~07252010~~ 0725201043757. INSTALL NETWORK8. for ESPN Stadium Wireless9. Billed on weekly settlement

10.

11.

12.

*The Vendor agrees to indemnify and save
harmless Los Angeles Memorial Coliseum
Commission, and their representatives,
from all claims, arising from or in any
way connected with the performance of
this agreement or of the vending services
provided for hereunder.*

TAX: \$ _____

FREIGHT & DELIVERY: \$ _____

TOTAL AMOUNT OF PURCHASE: \$ 5175.00PURCHASER'S NAME: Leo GaudilleFINAL INVOICE
REVIEW: _____AUTHORIZED BY: [Signature]

PURCHASE ORDER

6105

DATE OF PURCHASE: 7/31/10

DELIVERY DATE: _____

LOS ANGELES MEMORIAL COLISEUM
AND SPORTS ARENA

3939 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90037

PURCHASE FOR

COLISEUM: _____

SPORTS ARENA: _____

CAPITAL: _____

PARK MAINT.: _____

EVENT EXPENSE: _____

We reserve the right to cancel orders
not shipped on time or not in accordance
with the specifications and purchased order.

X 6 GAMES SETUP

VENDOR INFORMATION:

NAME: HH Tech

CONTACT PERSON:

ADDRESS: 15733 Monterey Ave
Chino Hills, CA 91709

Leo Caudillo

PICKED UP BY:

PHONE: _____

DESCRIPTION OF ITEM ORDERED	QTY. ORDERED	UNIT PRICE	COST	ACCOUNT NUMBER
1. <u>Invoice # 07312010</u>			<u>2,620.00</u>	
2. <u>Spectator wireless</u>				
3. <u>Invoice # 07242010</u>			<u>800.00</u>	
4. <u>AUDIO</u>				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

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harmless Los Angeles Memorial Coliseum
Commission, and their representatives,
from all claims, arising from or in any
way connected with the performance of
this agreement or of the vending services
provided for hereunder.

TAX: \$

FREIGHT & DELIVERY: \$

TOTAL AMOUNT OF PURCHASE: \$ 3420.00

PURCHASER'S NAME: Leo Caudillo

FINAL INVOICE

REVIEW: _____

AUTHORIZED BY: *[Signature]*

PURCHASE ORDER

4715

DATE OF PURCHASE: 9/20/07

DELIVERY DATE: _____

LOS ANGELES MEMORIAL COLISEUM
AND SPORTS ARENA

3939 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90037

PURCHASE FOR

COLISEUM: _____

SPORTS ARENA: _____

CAPITAL: _____

PARK MAINT.: _____

EVENT EXPENSE: _____

We reserve the right to cancel orders
not shipped on time or not in accordance
with the specifications and purchased order.

Phone Work

VENDOR INFORMATION:

NAME: HITTECH

CONTACT PERSON: _____

ADDRESS: _____

PICKED UP BY: _____

PHONE: _____

DESCRIPTION OF ITEM ORDERED	QTY. ORDERED	UNIT PRICE	COST	ACCOUNT NUMBER
1. Telco Work to				
2. Install Cellular site)				
3. Bill to A+T				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

The Vendor agrees to indemnify and save
harmless Los Angeles Memorial Coliseum
Commission, and their representatives,
from all claims, arising from or in any
way connected with the performance of
this agreement or of the vending services
provided for hereunder.

TAX: \$ _____

FREIGHT & DELIVERY: \$ _____

TOTAL AMOUNT OF PURCHASE: \$ 2160.00

PURCHASER'S NAME: Leo Gaudin

FINAL INVOICE
REVIEW: _____

AUTHORIZED BY: _____

PURCHASE ORDER

6586

DATE OF PURCHASE: 10/30/10

DELIVERY DATE: _____

LOS ANGELES MEMORIAL COLISEUM
AND SPORTS ARENA

3939 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90037

PURCHASE FOR

COLISEUM: _____

SPORTS ARENA: _____

CAPITAL: _____

PARK MAINT: _____

EVENT EXPENSE: _____

We reserve the right to cancel orders
not shipped on time or not in accordance
with the specifications and purchased order.

VENDOR INFORMATION:

NAME: Hltres #

CONTACT PERSON: _____

ADDRESS: _____

PICKED UP BY: _____

PHONE: _____

DESCRIPTION OF ITEM ORDERED	QTY. ORDERED	UNIT PRICE	COST	ACCOUNT NUMBER
1. 10-10-10 Build Steps for USC			150	
2. box office trailers				
3. monster machine billed on settlement				
4. 10-20-10 fiber optic run			450	
5. 10-21-10 Fiber connection groove tx			320	
6. 10-22-10 setup groove tx network			320	
7.				
8. 10-22-10 usc vs ucla soccer			80	
9. billed on video settlement				
10.				
11. 10-22-10 usc vs ucla soccer			160.00	
12. review trailer per usc				
billed on settlement				

The Vendor agrees to indemnify and save harmless Los Angeles Memorial Coliseum Commission, and their representatives, from all claims, arising from or in any way connected with the performance of this agreement or of the vending services provided for hereunder.

TAX: \$ _____

FREIGHT & DELIVERY: \$ _____

TOTAL AMOUNT OF PURCHASE: \$ 1480

PURCHASER'S NAME: Lew Gaudillo

FINAL INVOICE
REVIEW: _____

AUTHORIZED BY: _____



State of California Secretary of State

STATEMENT OF INFORMATION²⁰ (Limited Liability Company)

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE OF
THE STATE OF CALIFORNIA

JAN 31 2008

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

HH TECH, LLC

This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200728410104

3. STATE OR PLACE OF ORGANIZATION

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

14647 WEDGEWORTH DRIVE

HACIENDA HEIGHTS CA

91745

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

14647 WEDGEWORTH DRIVE

HACIENDA HEIGHTS CA

91745

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

LEOPOLD CAUDILLO, JR. 3232 BETTY DRIVE

LOS ANGELES, CA

90032

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

DAVID SHEA

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

827 EAST FRANKLIN AVENUE

POMONA

CA

91766

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

COMPUTER AND TELECOM REPAIR AND INSTALLATION

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

LEOPOLD CAUDILLO, JR.

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Leopold Caudillo Jr

SIGNATURE

MANAGER

TITLE

1/2/2008

DATE